

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00283

1. PLACE OF DEATH

County CarolineVillage or City Burrsville Ind.Registration Dist. No. 62St. Ward

Length of residence in city or town where death occurred

yrs. 1 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Margrett Bonney(a) Residence: No. Burrsville Ind.

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 24th 1925

7. AGE Years <u>9</u>	Months <u>11</u>	Days <u>29</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at home
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Burrsville
England13. NAME John R. Bonney14. BIRTHPLACE (city or town)
(State or country) West Va15. MAIDEN NAME Ethel Pringold16. BIRTHPLACE (city or town)
(State or country) Hillsboro
England17. INFORMANT John R. Bonney
(Address) Decatur Ind.18. BURIAL, CREMATION, OR REMOVAL
Place Decatur Cemetery Date Jan. 25th 193519. UNDERTAKER J. Virgil Moore
(Address) Heath20. FILED 1935 On a page
Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January22193522. I HEREBY CERTIFY. That I attended deceased from Jan. 21, 1935, to Jan. 22, 1935. I last saw him alive on Jan. 22, 1935; death is said to have occurred on the date stated above, at 10:30 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Scarlet Fever

Date of onset

Jan. 20, 1935

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Paul Knott M. D.(Address) Denton Ind.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	July 5, 1927	
Other contributory causes of importance:		
Gallstones	May 1, 1923	

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00284

1. PLACE OF DEATH

County CarolineVillage or City Greebboro Md.

Length of residence in city or town where death occurred

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Marsha J. Cooper.

(a) Residence: No.

St.,

Ward.

Registration Dist. No. 61

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Female Negro widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJames H. Cooper

6. DATE OF BIRTH (month, day, and year)

March - 1871

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.About 6110unkn.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Housework.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.v.10. Date deceased last worked at
this occupation (month and
year)Jan 1, 1936 - 11. Total time (years)
spent in this
occupation life12. BIRTHPLACE (city or town)
(State or country)Md.

MOTHER FATHER

13. NAME

Elizabeth14. BIRTHPLACE (city or town)
(State or country)Md.

15. MAIDEN NAME

Elizabeth16. BIRTHPLACE (city or town)
(State or country)Md.

17. INFORMANT

Paul Cooper

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Bethel Md

Date

Jan 28, 1936

19. UNDERTAKER

R. B. R. & Sons

(Address)

20. FILED

Jan 28, 1936 L. Mad. Peppin

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan25, 193 30

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan 20 to Jan 24, 1936I last saw her alive on Jan 21, 1936; death is saidto have occurred on the date stated above, et 4:00 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Home Infecarditis (97)

Other Contributory Causes of importance:

Name of operation stop Date of GeneralWhat test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Chol (S) H. on one leg M. D.
(Signed) Chol (S) H. on one leg
(Address) Greenbriar West Woods

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Example I	
The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1922
Other contributory causes of importance:	
<i>Gallstones</i>	May 1, 1922

Example II

The principal cause of death and related causes of importance were as follows:

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
7 <i>Peritonitis</i>	3 days ago
Other contributory causes of importance:	
3 <i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00285

1. PLACE OF DEATH

County CarolineRegistration Dist. No. 64Village or City near Harmony, (Preston R.F.D.) No. Out-sideSt. WardLength of residence in city or town where death occurred 18 yrs. 2 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Dorothy Louise Cox.(a) Residence: No. Preston, Md. R.F.D. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female,</u>	4. COLOR OR RACE <u>White,</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov. 28, 1916

7. AGE <u>18</u> Years	Months <u>2</u>	Days <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Helping around the home</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year) <u>Jan. 2, 1935</u>	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.13. NAME William A. Cox.
14. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.15. MAIDEN NAME Grace E. Andrews.
16. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.17. INFORMANT Mrs. William A. Cox.
(Address) Preston, Md. R.F.D.18. BURIAL, CREMATION, OR REMOVAL
Place Federalsburg, Md. Date Feb. 3, 193519. UNDERTAKER J. T. Frampton & Son.
(Address) Federalsburg, Md.20. FILED Feb. 1, 1935 J. T. Frampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 31st, 1935(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from Jan 3rd 1935 to Jan 31 1935. I last saw her alive on Jan 31 1935; death is said to have occurred on the date stated above, at 9:54 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cysto Rhinitis Jan 22
Endocarditis and Jan 8
Pericarditis - followed by Jan 10
Chorea - Jan 25

Other Contributory Causes of Importance:

Bilateral Bronchitis Jan 25
Phenomena 1-29-35

Name of operation Vom Date of 1-29-35What test confirmed diagnosis Sput. findings Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury NonNature of injury —24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify W. C. Coffey(Signed) W. C. Coffey(Address) Federalsburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00286

1. PLACE OF DEATH

County

Caroline

Village or City

Greensboro.

93-c

Registration Dist. No. 61

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Jos. Edwards,

6. DATE OF BIRTH (month, day, and year)

Sept 6, 1864

7. AGE

70

Years

3

Months

28

Days

28

If LESS than

1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housework

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Oct 4, 1934

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER FATHER

13. NAME

William A. Edwards.

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Lucie Shumaker

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT
(Address)Jos. Edwards,
Greensboro, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Date

Greensboro Jan. 6, 1935

19. UNDERTAKER
(Address)

R. B. Rayleigh

Greensboro, Md.

20. FILED

Jan. 6, 1935

L. M. MacLellan

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan.

4

, 1935 —
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 7, 1934, to Jan 3, 1935

I last saw deceased alive on Jan 3, 1935; death is said
to have occurred on the date stated above, at 6 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:COPD Chronic Hypertension
(Arterio Sclerosis C. V. Disease)

Other Contributory Causes of importance:

Name of operator

Josie

Date of

What test confirmed diagnosis?

Josie

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Charles A. Spencer

M. D.

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 00287

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Paroboro

107-a

Registration Dist. No. 61

Village or City

Greensboro

St.

Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)
No. yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 18 1934

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

3

9

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Greensboro
Horry Co. Maryland14. BIRTHPLACE (city or town)
(State or country)Greensboro
Horry Co. Maryland

15. MAIDEN NAME

Mary Madeline Horney

16. BIRTHPLACE (city or town)
(State or country)Salisbury
Maryland

17. INFORMANT

Nesmyan
Greensboro

18. BURIAL, CREMATION, OR REMOVAL

In Place
Greensboro

Date Jan 29, 1935

19. UNDERTAKER

Herman C. Greenfield (Signed)

20. FILED

Jan 25, 1935
S. MacLayman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 28 (Month) 1935 (Year)

(Day)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 26, 1935, to Jan 27, 1935

I last saw her alive on Jan 27, 1935; death is said

to have occurred on the date stated above at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Primary: Tubular pneumonia
Secondary: Bronchitis, pneumonia
Not a complication or sequela of

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915	Date of onset
Chronic interstitial nephritis	1921	
Cerebral hemorrhage	July 5, 1927	

FEB

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago	Date of onset
Run over by street car	1 week ago	
Peritonitis	3 days ago	

Other contributory causes of importance:

Gastroenteritis	1 year	Date of onset

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00288

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Caroline,Village or City Federalsburg,

No.

Registration Dist. No. 64

St.

Ward

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? years. mos. ds.2. FULL NAME William Frank McMahan,(a) Residence: Nd. Federalsburg, Md.St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Widowed</u>
----------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza Ann Andrew McMahan6. DATE OF BIRTH (month, day, and year) Feb. 24th, 1850

7. AGE <u>84</u>	Years	Months <u>II</u>	Days <u>4</u>	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
------------------	-------	------------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKEEKEEPER, etc. <u>Retired Brick-</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Layer & Plasterer.</u>	
10. Date deceased last worked at this occupation (month and year) <u>1928</u>	11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (city or town)
(State or country) Caroline Co.13. NAME Josiah McMahan
14. BIRTHPLACE (city or town)
(State or country) Caroline Co.15. MAIDEN NAME Elizabeth Turner,
16. BIRTHPLACE (city or town)
(State or country) Caroline Co.17. INFORMANT Mrs. W. J. Sard,
(Address) Secretary, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Federalsburg, Md. Date Jan. 31st, 193519. UNDERTAKER J. T. Frampton & Son,
(Address) Federalsburg, Md.20. FILED Jan. 29th, 1935 J. T. Frampton
Signature Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January, 28th, 1935(Month) January, (Day) 28th, (Year) 193522. I HEREBY CERTIFY, That I attended deceased from 1/28/35, 1935, to 1/28/35, 1935I last saw him alive on 1/27/35, 1935; death is said to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute Cardiac DilatationDate of onset 1/27/35Primary Cause: Chronic myocarditis.
Duration: several years. Cause:

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) W. K. Knotts(Address) Federalsburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00289

1. PLACE OF DEATH

County BaltimoreVillage or City MarylandLength of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

(77)

Registration Dist. No. 60St. St. Ward Ward2. FULL NAME Sarah M. Miller

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Jessie M. Miller</u>			
6. DATE OF BIRTH (month, day, and year)	<u>July 13 1856</u>		
7. AGE Years <u>79</u>			Months <u>6</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housework</u>		
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>✓</u>		
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1835</u>		
	11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE (city or town) (State or country)	<u>Ohio</u>		
MOTHER FATHER			
13. NAME <u>Jacob Weybright</u>			
14. BIRTHPLACE (city or town) (State or country)	<u>Ohio</u>		
MOTHER			
15. MARRIED NAME <u>Nancy Weybright</u>			
16. BIRTHPLACE (city or town) (State or country)	<u>Ohio</u>		
17. INFORMANT <u>J. M. Miller</u> (Address) <u>Maryland Md.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Anderson</u> Date <u>Feb 1.</u> 19 <u>35</u>			
19. UNDERTAKER <u>R. B. Rawlings</u> (Address) <u>Greensboro Md.</u>			
20. FILED <u>1/31/35</u> 19 <u>Al Smith</u>	Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

1 (Month) 28 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

1-28-, 1935, to 1-28, 1935I last saw her alive on 1-28, 1935; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteritis Sclerotic

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. M. Smith(Address) Maryland Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00290

1. PLACE OF DEATH

County CarolineVillage or City Greensboro

57

Registration Dist. No. 61St. WardLength of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yr. mos. ds.2. FULL NAME Charles M. Pippin

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of M. Elva Pippin

6. DATE OF BIRTH (month, day, and year)

Aug 28, 68

7. AGE

Years 66Months 4Days 26If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Jan 19, 196811. Total time (years)
spent in this
occupation 66Retiredfarmer12. BIRTHPLACE (city or town)
(State or country) Md

MOTHER FATHER

13. NAME Seawalline Pippin14. BIRTHPLACE (city or town)
(State or country) Md15. MAIDEN NAME Anna E. Mason16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT

(Address) Mrs. M. Elva Pippin

18. BURIAL, CREMATION, OR REMOVAL

Place Greensboro Date Jan. 27, 1968

19. UNDERTAKER

(Address) P. B. R. Funeralgo.

20. FILED

(Address) Jan. 27, 1968, L. M. Pippin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 24
(Month) 1935
(Year)22. I HEREBY CERTIFY. That I attended deceased from 1930 to Jan 24, 1935.I last saw him alive on Jan 16, 1935; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Obstruction of heart tubes Date of onset 1935

Other Contributory Causes of Importance:

Name of operation hysterical Date of 1935What test confirmed diagnosis? hysterical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address) Charles H. Thompson, M.D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00291

1. PLACE OF DEATH

County CarysVillage or City RidgelyLength of residence in city or town where death occurred 25 yrs.

108

Registration Dist. No.

66

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Robert Pippin

6. DATE OF BIRTH (month, day, and year)

13 Feb 1859

7. AGE

Years

75

Months

10

Days

22

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

Housework

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

✓

10. Date deceased last worked at
this occupation (month and
year)

1934

Dec 25

11. Total time (years)
spent in this
occupation

Life

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER FATHER

13. NAME

John Biddle

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Elizabeth Moore

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

Muffie Pippin

Ridgely Md.

Place Date Jan 6 1935

18. BURIAL, CREMATION, OR REMOVAL

Cremation

Place Date Jan 6 1935

19. UNDERTAKER

(Address)

R. B. Rawlings

Cremation

20. FILED Jan 5, 1935

J. D. Davis

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan.

4

1930

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec 25, 1934, to Jan 3, 1935

I last saw her alive on Jan 1, 1935, death is said
to have occurred on the date stated above, at 3 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Acute & Viral Pneumonia 1/3-35

Other Contributory Causes of importance:

Heart Failure

1/3-35

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00292

1. PLACE OF DEATH

County Caroline, Md.

Registration Dist. No. 64

Village or City Federalsburg, Md. (Out-side) No. R.F.D.

St. Ward

Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Frances Esther Reagan,

(a) Residence: No. Federalsburg, Md. R.F.D. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,	4. COLOR OR RACE White,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (strike the word) Married,
----------------	-------------------------	---

5a. If married, widowed, or divorced
 HUSBAND of (or) WIFE of William F. Reagan,

6. DATE OF BIRTH (month, day, and year) Aug. 29th. 1854
 7. AGE Years Months Days If LESS than
 80 4 6 1 day, hrs.
 or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work.
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year) March, 1934. 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

13. NAME James Dunn, Dorchester Co. Md.
 14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

15. MAIDEN NAME Emilie Hurst, Dorchester Co. Md.
 16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

17. INFORMANT Carlton Reagan, Federalsburg, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place E. New Market, Md. Date Jan. 8th 1935

19. UNDERTAKER J. T. Frampton & Son. Federalsburg, Md.

20. FILED Jan. 7th, 1935 J. J. Frampton.

MARGIN RESERVED FOR BINDING

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January, 5th. (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 ¹⁹³⁴ to Jan 4 ¹⁹³⁵; I last saw her alive on Jan 4 ¹⁹³⁵; death is said to have occurred on the date stated above, at 12-20 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured At Femur. Mar 19
1934 Date of onset

Other Contributory Causes of importance:
Influenza followed by 13 Pneumonia Brucellosis 12-30-34

Name of operation None Date of 12-30-34
 What test confirmed diagnosis Physical findings Was there an autopsy None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) J. J. Frampton M. D.
 (Address) Federalsburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00293

1. PLACE OF DEATH

County

Caroline

118

Registration Dist. No. 60

Village or City

Loedo Bros.

St.

Ward

Length of residence in city or town where death occurred

23 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Beatrice Rogers

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

✓

6. DATE OF BIRTH (month, day, and year)

Jan 18, 1912

7. AGE

Years 23 Months 14 Days 14 If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housework

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

✓

10. Date deceased last worked at
this occupation (month and
year)

Jan 30

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER FATHER

13. NAME

William Rogers

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Marie Hicks

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

William Rogers

Loedo Bros. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Near Newbury

Date Feb. 4, 1935

19. UNDERTAKER

(Address)

P. B. Rawlings

Newbury Md.

20. FWD

19

AC Smith

Registr. T

21. DATE OF DEATH

Jan

(Month)

30

(Day)

, 1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 30

, 1935, to

, 19

alive on

, 19

to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Acute Gastric Turgor due to anemia.
Dead on arrival of physician. History, inc.
definite. For further information call 6-0303.

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Example I	
The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1921
Other contributory causes of importance:	
<i>Gallstones</i>	May 1, 1921

Example II

The principal cause of death and related causes of importance were as follows:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00294

1. PLACE OF DEATH

County Caroline

93-2

Registration Dist. No. 69Village or City Newton MdSt. WardLength of residence in city or town where death occurred 1 yrs 0 mos 0 ds How long in U. S. if of foreign birth? 0 yrs 0 mos 0 ds2. FULL NAME Mrs. Anna Cooksey Shipman(a) Residence: No. 1

(Usual place of abode)

(St. Ward)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stephen Shipman

6. DATE OF BIRTH (month, day, and year)	Sept 17 1856		
7. AGE	Years <u>78</u>	Months <u>4</u>	Days <u>12</u>
	If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at home		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)	<u>Lancaster County, Pa.</u>		
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13. NAME <u>Mrs. Cooksey</u>	Cooksey		
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14. BIRTHPLACE (city or town) (State or country)	<u>Virginia</u>		
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15. MAIDEN NAME <u>Mary Cook</u>			
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16. BIRTHPLACE (city or town) (State or country)	<u>Virginia</u>		
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17. INFORMANT <u>Miss Anna Shipman</u>	Dulany		
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Newton Cemetery</u> Date <u>Feb 14, 1935</u>			
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19. UNDERTAKER <u>J. D. Moore</u>	Dulany		
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20. FILED <u>2-1-1935</u> By <u>A. O. George</u>	Registrar		
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan-29
(Month) 1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from July, 1934, to Jan 29, 1935. I last saw h. Dr alive on Jan 29, 1935; death is said to have occurred on the date stated above, at 7 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Hypertension July 1934

Other Contributory Causes of importance:

Chronic Bronchitis ?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Newton George M. D.
(Address) Dulany

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00295

1. PLACE OF DEATH

County Caroline, No. 94-2 Registration Dist. No. 64
 Village or City Federalsburg, St. St. Ward Ward
 Length of residence in city or town where death occurred 1 hour (If death occurred in a hospital or institution, give its NAME instead of street and number)
yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Stack

(a) Residence: No. Eldorado, Md. St. St. Ward Ward
 (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced
 HUSBAND of Linda A. Stack
 (or) WIFE of Linda A. Stack

6. DATE OF BIRTH (month, day, end year) <u>Feb. 15. 1861</u>	7. AGE Years <u>74</u>	Months <u>M</u>	Days <u>22</u>	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
--	------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPEER, etc. <u>Farmer (Retired)</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
---	--

10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>
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12. BIRTHPLACE (city or town) Maryland
 (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Crotcher in Jersey
 (State or country)

15. MAIDEN NAME Lovey Stack

16. BIRTHPLACE (city or town) Maryland
 (State or country)

17. INFORMANT Janie Todd
 (Address) Federalsburg

18. BURIAL, CREMATION, OR REMOVAL
 Place Eldorado Date Jan. 10 1935

19. UNDERTAKER W. D. Gravenor & Bro
 (Address) Sharptown, Md

20. FILED Jan. 7th, 1935 J. J. Frampton
 (Signed) J. J. Frampton M. D.
 (Address) Eldorado, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 7, 1935, (Month) 7, (Day) 1935, (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935 to Jan 7 1935. I last saw him alive on Dec 21 1934; death is said to have occurred on the date stated above, at 10 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Borderline Cholesterol
Diabetes

Date of onset

Other Contributory Causes of Importance:

Angina Pectoris

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19, 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. D. Gravenor M. D.
 (Address) Eldorado, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00296

1. PLACE OF DEATH

County. Caroline,

Village or City. Harmony, Md.

No.

Registration Dist. No. 64

St.

Ward

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME. Silas E. Story.

(a) Residence: No. Preston, Md. R.F.D. (Harmony) Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White,	Married,

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Mary E. Story,

6. DATE OF BIRTH (month, day, and year) July, 10th. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	72	6	II	

8. Trade, profession, or particular
 kind of work done, as SPINNER,
 SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or business in which
 work was done, as SILK MILL,
 SAW MILL, BANK, etc.

10. Date deceased last worked at
 this occupation (month and
 year) Dec. 1934, 11. Total time (years)
 spent in this
 occupation 16

12. BIRTHPLACE (city or town)
 (State or country) Caroline Co., Md.

13. NAME Silas Story.

14. BIRTHPLACE (city or town)
 (State or country) Caroline Co., Md.

15. MAIDEN NAME Elizabeth Willoughby,

16. BIRTHPLACE (city or town)
 (State or country) Caroline Co., Md.17. INFORMANT Mrs. Mary E. Story
 (Address) Preston, Md. R.F.D.18. BURIAL, CREMATION, OR REMOVAL
 Place Federalsburg, Md. Date Jan. 26, 193519. UNDERTAKER J. T. Frampton & Son.
 (Address) Federalsburg, Md.20. FILED Jan. 22, 1935. *J. T. Frampton*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January, 21st., 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

1932 to Jan 21, 1935

I last saw him alive on Jan 20, 1935; death is said
 to have occurred on the date stated above, at 1:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
 were as follows:*Coronary Thrombus*

Date of onset

Jan 21, 1935

Other Contributory Causes of importance

Angina Pectoris
Coronary arteriosclerosis

Dec 1934

1932

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Elbert M. M. D.
Gentry and

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00297

1. PLACE OF DEATH

County

Caroline

Registration Dist. No.

62

Village or City

Dunbar

St.

Ward

Length of residence in city or town where death occurred

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Albert Stultz

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 31 1935

7. AGE	Years	Months	Days	If LESS than
				1 day, hrs. or min.
	Steve Bone			None

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Seaford

Date of onset

13. NAME

B. W. Stultz

14. BIRTHPLACE (city or town)
(State or country)

Carroll Co

15. MAIDEN NAME

Caroline Davis

16. BIRTHPLACE (city or town)
(State or country)

Dunbar

17. INFORMANT

B. W. Stultz

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Family Plot Date: 1-31, 1935

19. UNDERTAKER

B. W. Stultz

(Address)

20. FILED 1-31, 1935 by A. O. George

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 31, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 .

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Steve Bone

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alanson George M. D.
(Address) Dunbar

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	FEB 1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00298

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Tearceline
Village or City Near Denton

Registration Dist. No. 62Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Anna Rosie Wisker(a) Residence: No. Bells Chapel St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Ber 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Wisker6. DATE OF BIRTH (month, day, and year) Decem 8 1890

7. AGE	Years <u>38</u>	Months <u>7</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Bells Chapel
Tearceline County13. NAME Henry Mason14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Sara Mason16. BIRTHPLACE (city or town)
(State or country) Denton
Ind17. INFORMANT Sarah Mason Denton
(Address) 107 1/218. BURIAL, CREMATION, OR REMOVAL
Place Bells Chapel Date Jan 11th 3519. UNDERTAKER J. Virgil Mason
(Address) Denton Ind20. FILED 1-11, 1934 M. D. George

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 9th

(Month)

(Day)

, 1935 (Year)22. I HEREBY CERTIFY That I attended deceased from April 26, 1932, to Jan 9, 1935I last saw her alive on Jan 16, 1934; death is said to have occurred on the date stated above, at 4:15 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

myotrophic lateral sclerosis

Date of onset

April 1931

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed)

(Address)

Paul KnottsInd

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00299

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Caroline

Village or City Federalsburg

942

Registration Dist. No. 64

St.

Ward

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzo Vincent Wright

(a) Residence: No. Federalsburg, Md.

St. Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Wright

6. DATE OF BIRTH (month, day, and year)	Aug. 15th. 1853		
7. AGE	Years 81	Months 4	Days 19
	If LESS than 1 day, hrs. or min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Retired farmer.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	Jan. 4th. 1935 Life.		
	11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town)	Caroline Co.		
	(State or country) Md.		

13. NAME	Andrew Jackson Wright,		
	Caroline Co.		

14. BIRTHPLACE (city or town)	Md.		
	(State or country)		

15. MAIDEN NAME	Mary E. Moore,		
	Caroline Co.		

16. BIRTHPLACE (city or town)	Md.		
	(State or country)		

17. INFORMANT	Windsor O. Wright,		
	(Address) Federalsburg, Md. R.F.D.		

18. BURIAL, CREMATION, OR REMOVAL	Place Federalsburg, Md. Date Jan. 8th. 1935		
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19. UNDERTAKER	J. T. Frampton & Son,		
	(Address) Federalsburg, Md.		

20. FILED	Jan. 7th., 1935 J. J. Frampton		
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Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 4th., 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Jan 4, 1935, to Jan 4, 1935. I last saw him alive on Jan 4, 1935; death is said to have occurred on the date stated above, at 1 P.M. Dead on The PRINCIPAL CAUSE OF DEATH and related causes of importance arrived were as follows:

Angina Pectoris Data of onset 1-4-35

Other Contributory Causes of importance:

Arteriosclerosis
With Arteriosclerosis

Name of operation *None* Date of *1935*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury *1935*

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed)

M. D.

W. E. Jensen
Fiddlersburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00300

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Caroline,

Village or City Federalsburg,

93-2

Registration Dist. No. 64

St.

Ward

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Wright.

(a) Residence: No. Federalsburg, Md.

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female,	White,	Widowed,

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alonzo Vincent Wright, dec'd

6. DATE OF BIRTH (month, day, and year) October 6th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1928 11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

13. NAME Robert Windsor, (MOTHER) FATHER

14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

15. MATURE NAME Unknown,

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Windsor O. Wright, (Address) Federalsburg, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md. Date Jan. 8th, 1935

19. UNDERTAKER J. T. Frampton & Son, (Address) Federalsburg, Md.

20. FILED Jan. 7th, 1935 J. J. Frampton, (Address) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January, 6th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept. 2, 1930, to Jan. 6, 1935.

Last saw her alive on Jan. 6, 1935; death is said to have occurred on the date stated above, at 12-45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Maggie died with
Influenza Hypertension
Date of onset 1930

Other Contributory Causes of Importance:

Coronary Thrombosis 1-6-35

Name of operation

What test confirmed diagnosis? Hypertension Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. C. Frampton, M. D.
(Address) Federalsburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
